

FILED
Mar 24, 2008 8:00 am
Secretary of State

02-14-2008 90016 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

| |
|-------------------------|
| DOCUMENT # P96000010657 |
| 1. Entity Name |
| MY DREAMS 2 INC |

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------------------------|---------------------------------------------------|
| 2. Principal Place of Business 5908 W 16TH AVENUE Suite, Apt. #, etc. | 3. Mailing Address SAME Suite, Apt. #, etc. |
| City & State HIALEAH, FL | City & State SAME |
| Zip 33012 | Country USA |

66004804

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| | |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 65-0655039 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| | |
|----------------------------------------------------------------------------|-------------------|
| 7. Name and Address of Current Registered Agent | |
| Name JORGE M JIMENEZ | |
| Street Address (P.O. Box Number is Not Acceptable) 17673 NW 91TH AVENUE | |
| City MIAMI | Zip Code 33018 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|----------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT JIMENEZ, JORGE M 17673 NW 91TH AVENUE MIAMI FL 33018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JIMENEZ, FELIPA DE 17673 NW 91TH AVENUE HIALEAH, FL 33018 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

FELIPA DE N JIMENEZ

1/24/2008

305-826.3391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #